**QUESTIONNAIRE FOR PROFESSIONAL LIABILITY INSURANCE
Compulsory insurance against liability in respect of financial intermediation or financial advisory services**

**The following documents must be attached to this questionnaire:**

* **Extract from the Commercial Register**
* **A copy of a financial intermediation or financial advisory service certificate**

**COMPANY INFORMATION/SELF-EMPLOYED PERSON**

|  |  |
| --- | --- |
| Company name: |  |
| Registered office: |  |
| Company ID number: |  |
| Web: |  |
| Contact: |  |

**COMPANY EMPLOYEES, PFA**

|  |  |
| --- | --- |
| Date of commencement of the activity |  |
| Registered as |  |
| Number of employees and PFA carrying out the insured activity | Employees VFA  | PFA (natural persons) PFA (legal entities)  | Total number of PFA(legal entities)  |
| How many years of experience do the employees or PFA have? State the number of years | Up to 2 years  | 2 to 5 years  | 5 + years  |
| Does your company, your employees or PFA meet all requirements necessary to carry out financial intermediation or financial advisory under applicable legal regulations? | [ ]  YES [ ]  NO |

**COMPANY ACTIVITY**

* **INSURANCE AND/OR REINSURANCE**

|  |
| --- |
| **COMPANY TURNOVER** |
| Previous year turnover | Total:  | PFA:  |
| Anticipated subsequent turnover | Total:  | PFA:  |
| **PERCENTAGE IN THE TOTAL VOLUME OF PREMIUMS WRITTEN [%]** | **(TOTAL 100%)** |
| Insurance arranged directly with the insurer |  | Insurance arranged on behalf of another insurance intermediary |  | Optional reinsurance (arranged directlywith reinsurer) |  | Compulsory reinsurance (arranged directlywith reinsurer) |  |
| **PERCENTAGE IN MEDIATED INSURANCE PREMIUM PLACED BY COUNTRIES [%]** |  |
| Slovakia |  | Czech Republic |  | Europe (EEA) |  | London market |  |
| **PERCENTAGE OF REVENUES (COMMISSIONS AND FEES) FOR INSURANCE MEDIATIONBY THE TYPE OF INSURANCE [%]** | **(TOTAL 100%)** |
| Property insurance(natural disaster, theft, machine break, interruption of operation, etc.) |  | Liability insurance for damages caused by statutory body (D&O insurance) |  |
| General liability insurance and liability for defective product |  | Guarantee insurance |  |
| Fleets (third party liability insurance, accident insurance) |  | Aviation risk insurance |  |
| Individual third party liability insurance, accident insurance |  | Life insurance + casualty insurance |  |
| Transport risk insurance(CMR, cargo, consignment, responsibility of the forwarder, ship, liability for damage of ship-owners) |  | Optional reinsurance |  |
| CAR/EAR |  | Compulsory reinsurance |  |
| Professional liability |  | Other, please specify: |  |

* **CAPITAL MARKET**

|  |
| --- |
| **COMPANY TURNOVER** |
| Anticipated subsequent turnover | Slovakia:  | Other:  |
| The last closed financial year | Slovakia:  | Other:  |
| Penultimate closed financial year | Slovakia:  | Other:  |

* **RECEIVING DEPOSITS**

|  |
| --- |
| **COMPANY TURNOVER** |
| Anticipated subsequent turnover | Slovakia:  | Other:  |
| The last closed financial year | Slovakia:  | Other:  |
| Penultimmate closed financial year | Slovakia:  | Other:  |

* **GRANTING LOANS, HOUSING LOANS AND CONSUMER CREDITS**

|  |
| --- |
| **COMPANY TURNOVER** |
| Anticipated subsequent turnover | Slovakia:  | Other:  |
| The last closed financial year | Slovakia:  | Other:  |
| Penultimate closed financial year | Slovakia:  | Other:  |

* **SUPPLEMENTARY PENSION SAVINGS**

|  |
| --- |
| **COMPANY TURNOVER** |
| Anticipated subsequent turnover | Slovakia:  | Other:  |
| The last closed financial year | Slovakia:  | Other:  |
| Penultimate closed financial year | Slovakia:  | Other:  |

* **OLD-AGE PENSION SAVINGS**

|  |
| --- |
| **COMPANY TURNOVER** |
| Anticipated subsequent turnover | Slovakia:  | Other:  |
| The last closed financial year | Slovakia:  | Other:  |
| Penultimate closed financial year | Slovakia:  | Other:  |

**INFORMATION ABOUT DAMAGE HISTORY**

|  |  |  |
| --- | --- | --- |
| Has any compensation ever been claimed from you, your company or any of your subordinate financial agents or a lawsuit filed in connection with liability for insurance intermediation or other financial intermediation or advisory services?  | [ ]  **YES**(If so, please, explain below) | [ ]   **NO** |
| Description of damage |  | Description of damage |  |
| Cause of damage |  | Cause of damage |  |
| Scope of damage |  | Scope of damage |  |
| Does any of the owners, partners, managers, employees or subordinate financial agents have any information about the circumstances or events that could give rise to claims against your company or any of your subordinate financial agents and subsequently claims against the insurer, if this insurance is taken out? | [ ]  **YES**(If so, please, explain below) | [ ]   **NO** |
| Description of damage |  | Description of damage |  |
| Cause of damage |  | Cause of damage |  |
| Scope of damage |  | Scope of damage |  |

**INFORMATION ABOUT INSURANCE COVERAGE**

|  |  |  |
| --- | --- | --- |
| Has your authorization to engage in insurance intermediation or other financial intermediation or advisory services ever been withdrawn, have your activities been suspended, or have you ever been fined or penalised by an authority? | [ ]  **YES**(If so, please, explain below) | [ ]   **NO** |
| Explanation |  |
| Have you, your company or its predecessor ever been denied an application for a similar type of insurance, has your insurance policy been cancelled or has your insurance renewal been refused? | [ ]  **YES**(If so, please, explain below) | [ ]   **NO** |
| Explanation |  |
| Has any fine, penalty or measure to remedy shortcomings ever been imposed on you for the activities related to insurance mediation/financial intermediation or financial advisory services? | [ ]  **YES**(If so, please, explain below) | [ ]   **NO** |
| Explanation |  |
|  |  |
| **LIABILITY INSURANCE FOR THE PERFORMANCE OF FINANCIAL INTERMEDIATION ACTIVITIES FOR THE LAST 3 YEARS** |
| Insurer | Limit | Deductible | Insurance period | Retroactive date | Insurance claim |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**REQUIRED SCOPE OF INSURANCE**

|  |
| --- |
| **REQUIRED COVERAGE FOR ACTIVITY** |
| [ ]  Intermediation/advisory services in the sector ofinsurance or reinsurance | [ ]  Intermediation / advisory services in the sector ofcapital market | [ ]  Intermediation / advisory services in the sector ofsupplementary pension savings |
| [ ]  Intermediation / advisory services in the sector ofdeposit taking | [ ]  Intermediation / advisory services in the sector ofgranting credits and loans | [ ]  Intermediation / advisory services in the sector ofold-age pension savings |
| **REQUIRED INDEMNITY LIMIT** |
| [ ]  Pursuant to Act No. 186/2009 Coll. |  |  |
| [ ]  Other [EUR] | For one insured event  | Total for all insured events  |
| Deductible [EUR]  |  |  |
| Territorial validity: |  |  |
| Sublimit  |  [EUR] | Insurance risk  | Deductible [EUR] |  |
| Sublimit  |  [EUR] | Insurance risk  | Deductible [EUR] |  |
| Sublimit  |  [EUR] | Insurance risk  | Deductible [EUR] |  |
| Sublimit  |  [EUR] | Insurance risk  | Deductible [EUR] |  |

If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.

**I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.**

Name of signatory:

Function:

Date of signature:

Signature + stamp: